

E-filing

FILED
JUN 17 2008
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

RAYMOND KING FERNANDES

Plaintiff,

CV 08

2989

CASE NO.

VS.
F.B.I. OFFICER FREEMAN
DEPUTY DISTRICT ATTORNEY ROBERT ALONSO
ALAMEDA SHERIFF'S DEPARTMENT 06-24445
JUDGE SUPERIOR COURT OAKLAND
LARRY J. GOODMAN
Defendant.

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, RAYMOND K. FERNANDES, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 SSA DISABLED \$750.00

5
 6
 7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ___ No X
 10 self employment

11 b. Income from stocks, bonds, Yes ___ No X
 12 or royalties?

13 c. Rent payments? Yes ___ No X

14 d. Pensions, annuities, or Yes ___ No X
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes ___ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____
 22 _____

23 3. Are you married? Yes ___ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ___ No ☒

Make _____ Year _____ Model _____

Is it financed? Yes ___ No ☒ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes ___ No ☒ Amount: \$ _____

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ☒

8. What are your monthly expenses?

Rent: \$ _____ Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

NO

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed. CV-08-2646

DR. MONI, DR. HAMILTON, DR. CHEF MEDICAL SCOTT

SUTHERLAND, DR. BACHELDER, NURSE TERRY, OFFICER BARLOWAKA,
C-07-5015, 2 cases, U.S. DISTRICT COURT, NORTHERN, BARAO

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

6-8-08

DATE

Raymond K. Fernandez

SIGNATURE OF APPLICANT

DEAR SIRs,

6-12-08

AS OF THE ABOVE DATE! I'm
STILL NOT ABLE TO RECIEVE MY ACCOUNT
RECORDS. ALLS I GET IS A DELAY IN ~~AN~~
ANSWER. SO HOPEFULLY you will UNDERSTAND
MY SITUATION AND TAKE MY SWORN
STATEMENT THAT I am TOTALLY INDIGENT
THE WHOLE TIME I'VE BEEN IN THE
NAPA STATE HOSIPITAL. I ONLY RECIEVE
\$12.50 PER MONTH STATE FUNDS!
THE ABOVE STATEMENT IS TRUE AND
SWORN BY SELF! THANK YOU!

YOURS TRuely
RAY FERNANDES
Ray Fernandes

CV 08 2989

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JF

(PR)